

**DEPUTY SECRETARY FOR OPERATIONS- PERSONNEL SERVICES ADMINISTRATION- POLICY**  
02.09.11

*Version Effective September 28, 2001*

**POLICY FOR EDUCATION, TRAINING, AND AWARENESS OF THE  
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

**SHORT TITLE: HIPAA TRAINING POLICY**

**I. EXECUTIVE SUMMARY**

This policy establishes a HIPAA Training Program for the Department that includes a mandatory training presentation of the Health Insurance Portability and Accountability Act (HIPAA) guidelines overview to all current and new employees of the Department (Level 1 Training). In addition, more in depth, skill-based training requirements are directed for those employees whose job duties are directly affected by changes brought about by the Department's response to HIPAA (Level 2 Training). The policy also provides for monitoring and tracking of all HIPAA-related training, and delineates the responsibilities of the committees and organizational units performing these functions.

**II. BACKGROUND**

The Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), [http://www.hipaadvisory.com/action/HIPAA/links/government\\_links.htm](http://www.hipaadvisory.com/action/HIPAA/links/government_links.htm), also known as HIPAA, mandated the U.S. Department of Health and Human Services (DHHS) to develop standards for maintenance and transmission of health information that identifies individual patients.

The primary objectives of the Act are to enhance *privacy* and confidentiality of patient information and to standardize the reporting and billing processes for all health and medical-related information. All hard copy and electronic forms, and reporting systems such as Medicaid's MMIS II will be directly impacted. The *security* controls associated with every automated process that contains patient information, such as our new WIC, MPC, and PCIS systems, will also be directly affected. In addition, the *privacy* and *security* sections of this law affect electronic, written, and oral forms of health information maintenance and transmission. Failure to comply with the



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requirements of this law can result in significant penalties.

In order to ensure DHMH compliance with HIPAA regulations, a HIPAA Project Office was established in the Information Resources Management Administration (IRMA), and it includes a HIPAA Steering Committee to coordinate and manage HIPAA activities for DHMH. Following are the five (5) sub-workgroups of the HIPAA Steering Committee:

- ① Transactions Sub-workgroup
- ② *Code Sets* Sub-workgroup
- ③ *Due Diligence* Sub-workgroup
- ④ Privacy and Security Sub-workgroup
- ⑤ Education, Training & Awareness (ETA) Sub-workgroup

This policy outlines the basic training requirements and the process development by the ETA Sub-workgroup to meet the goal of ensuring that all DHMH employees are presented with an overview of the HIPAA guidelines (level 1 training), in addition to job-specific technical (level 2 training) instruction for certain employees that are impacted by these regulations. A process is also established for informing the *external customers* of DHMH about their HIPAA-related rights.

### III. POLICY STATEMENTS

#### A. DEFINITIONS

1. Covered entity - Under HIPAA, a health plan, a health care clearing-house, or a health care provider that, at any time, transmits any health information in electronic form in connection with a HIPAA *transaction*.
2. Business unit (headquarters) - A major organizational unit of DHMH within the headquarters office. (e.g., AIDS Administration, Office of Health Services, Budget Management Office, Office of Health Care Quality, etc.).
3. Business unit (field) - All local health departments, residential facilities (MHA, DDA and CHA), regional DDA offices, and other DHMH units (Boards, labs, OCME, etc) located throughout the State.
4. External customer - An individual or agency who receives direct services from DHMH.

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5. Due diligence - The demonstration of good faith efforts on the part of DHMH to be compliant with all of the HIPAA rules.
6. Transaction- Under HIPAA, the exchange of information between two parties to carry out financial or administrative activities related to health care.
7. Code sets - Under HIPAA, any set of codes used to encode data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes. *Code sets* include both the codes and their descriptions.
8. Privacy and security - the maintenance of health care records in a manner which ensures that access is available only to individuals and/or agencies who have a right to the information.

**B. HIPAA TRAINING REQUIREMENTS**

1. Level 1 Training
  - a. All DHMH employees are to attend a training overview of HIPAA, which will prepare them to:
    - (1) describe what HIPAA is and how it came to be;
    - (2) identify major components and implementation timeframes of HIPAA (*privacy, security, code sets, due diligence, and transactions*);
    - (3) be cognizant of the current departmental policies and State laws, including the Maryland Confidentiality of Medical Records Act, [http://mlis.state.md.us/cgi-win/web\\_statutes.exe?ghq&4-301](http://mlis.state.md.us/cgi-win/web_statutes.exe?ghq&4-301), regarding HIPAA rules;
    - (4) determine what is considered private vs. public information;
    - (5) identify penalties associated with violations of HIPAA rules;
    - (6) report suspected violations of HIPAA rules;
    - (7) identify how to obtain additional assistance or information regarding HIPAA within DHMH; and
    - (8) describe generally how HIPAA could affect them and their work unit.

- b. Upon completion of Level 1 training, employees will sign a form acknowledging receipt of this training. One copy of the acknowledgement form will be given to the employee and another will be placed in their official DHMH personnel file.
- c. Once all current DHMH employees have received Level 1 training, the HIPAA overview will be incorporated into new employee orientation programs at both the headquarters and field *business units*.
- d. On-going documentation of HIPAA Level 1 training in new employee orientation programs will be documented through continued use of the acknowledgement form.

2. Level 2 Training

- a. Each DHMH *covered entity* will identify categories of workers with HIPAA-related training needs, using a standard HIPAA Training Needs Assessment tool.
- b. Each DHMH *covered entity* will identify current workers by name within each relevant job category as described above.
- c. *Covered entities* within each major program administration (MHA, DDA, etc.) will meet to collaborate on developing Level 2 modules, with HIPAA sub-workgroups providing technical assistance and consultation as required.
- d. Each DHMH *covered entity* will submit proposed Level 2 modules and implementation plans to the ETA sub-workgroup for review, comment, and forwarding to the HIPAA Steering Committee for final review and approval.
- e. Each DHMH *covered entity* will begin implementation and documentation of approved Level 2 modules for workers identified in 2 b. above, with priority given to workers engaged in conducting *transactions* and using *code sets* affected by HIPAA.

- f. Each DHMH *covered entity* will provide ongoing Level 2 training for new employees where applicable.
- 3. Customer Awareness Program
  - a. The ETA sub-workgroup will develop a customer awareness brochure in cooperation with specific units responsible for preparing and publishing customer rights documents provided to DHMH customers.
  - b. The ETA sub-workgroup will distribute the HIPAA customer awareness brochure to DHMH *business units*.
  - c. DHMH *business units* will distribute the brochure to customers.

### **C. HIPAA TRAINERS**

- 1. Each DHMH field *business unit* is required to identify at least one HIPAA trainer and one co-trainer/back-up trainer who are responsible for:
  - a. attending a Training-of-Trainers program to be prepared to conduct Level 1 training for their field *business unit*;
  - b. conducting Level 1 training for all current employees in their field *business unit*;
  - c. ensuring the incorporation of Level 1 training into new employee orientation at their *business unit*;
  - d. documenting, monitoring and tracking Level 1 training and providing intermittent reports to TSD as requested;
  - e. conducting a Training Needs Assessment to identify the Level 2 training requirements of their *business unit*;
  - f. coordinating delivery of Level 2 training to identified workers as needed within their *business unit*; and,

- g. documenting, monitoring and tracking Level 2 training within their *business unit*.
- 2. TSD will identify a HIPAA trainer and co-trainer/back-up, whose responsibilities will include:
  - a. scheduling and coordinating delivery of the Level 1 Training-of-Trainers program at various locations across the state by an outside HIPAA vendor;
  - b. conducting Level 1 training for all employees at headquarters *business units*;
  - c. ensuring the incorporation of Level 1 training into the headquarters' new employee orientation program;
  - d. documenting, monitoring and tracking Level 1 training of headquarters' employees; and,
  - e. maintaining a tracking system of the Level 1 training activities of field HIPAA trainers;
- 3. Headquarters *business units* will identify a HIPAA trainer and co-trainer/back-up, whose responsibilities will include:
  - a. conducting a Training Needs Assessment to identify the Level 2 training requirements of their *business unit*;
  - b. coordinating delivery of Level 2 training to identified workers as needed within their *business unit*; and,
  - c. documenting, monitoring and tracking Level 2 training within their *business unit*.

#### **D. HIPAA TRAINING DEADLINES**

- 1. All employees are to have received documented Level 1 HIPAA Training by October 2002.
- 2. All Level 2 HIPAA Training should be completed and documented by the field and headquarters *business units* by October 2002.

3. Beginning November 2001, on-going Level 1 and Level 2 HIPAA Training will be provided to all new employees, preferably within 30 days of start of employment with DHMH, but otherwise as soon as possible.

#### **E. THE ASSIGNMENT OF RESPONSIBILITIES FOR THE HIPAA TRAINING PROGRAM**

1. **The HIPAA Steering Committee** has the following responsibilities:
  - a. participate in the evaluation of bid proposals submitted by vendors to develop and conduct the Level 1 Training-of-Trainers;
  - b. provide final approval of the selection of a vendor for the Level 1 Training-of-Trainers;
  - c. identify a DHMH fund source for the procurement of a HIPAA vendor to develop and conduct the Level 1 Training-of-Trainers;
  - d. review and provide final approval of proposed Level 2 modules and implementation plan developed by covered entities; and,
  - e. review and provide final approval of customer awareness brochure developed by ETA sub-workgroup.
2. **The HIPAA ETA Sub-workgroup** has the following responsibilities:
  - a. identify and secure bid proposals from vendors interested in developing and conducting the Level 1 Training-of-Trainers;
  - b. consult with other HIPAA sub-workgroups to identify core training objectives, content and minimum requirements for DHMH covered entities in the areas of *transactions, code sets, due diligence, privacy* and *security* (Level 2 modules);
  - c. develop a standard HIPAA Training Needs Assessment Tool related to Level 2 training;
  - d. review, comment and forward to HIPAA Steering Committee

- for final review and approval all proposed Level 2 modules and implementation plans submitted by covered entities;
  - e. research unit(s) responsible for preparing and publishing customer rights documents provided to DHMH customers;
  - f. develop a HIPAA customer awareness brochure in cooperation with unit(s) identified in e. above;
  - g. secure approval of the brochure from the HIPAA project management office and HIPAA Steering Committee; and,
  - h. distribute approved brochure to DHMH *business units*.
3. **The Office of the Inspector General** has the responsibility to periodically audit Level 2 training records of each DHMH covered-entity to insure compliance with HIPAA training requirements.
4. **The DHMH Personnel-Training Services Division** has the responsibility to:
- a. coordinate scheduling and delivery of the Level 1 Training-of-Trainers at various locations across the State;
  - b. conduct Level 1 training for headquarters *business units*;
  - c. incorporate Level 1 training into headquarters new employee orientation program;
  - d. document, monitor and track Level 1 training conducted at all DHMH *business units*; and,
  - e. develop an e-learning variation of Level 1 training for use by headquarters and field *business units* as appropriate.

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IV. REFERENCES

- ***Health Insurance Portability and Accountability Act of 1996***, (Public Law 104-191) § 164.530. (Also known as the Kennedy-Kassebaum Bill, the Kassebaum-Kennedy Bill, and K2) [http://www.hipaadvisory.com/action/HIPAA/LINKS/government\\_links.htm](http://www.hipaadvisory.com/action/HIPAA/LINKS/government_links.htm)
- ***Maryland Confidentiality of Medical Records Act of 1990***, Health General 4-301 *et seq.*, Annotated Code of Maryland, [http://mlis.state.md.us/cgi-win/web\\_statutes.exe?ghg&4-301](http://mlis.state.md.us/cgi-win/web_statutes.exe?ghg&4-301)
- ***DHMH HIPAA Website***: <http://www.dhmh.state.md.us/HIPAA/>.

## APPROVED:

/s/      Signature on File  
Georges C. Benjamin, M.D., Secretary

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Effective Date